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11/04/2004

MORRISON & FOERSTER, LLP

555 WEST FIFTH STREET

SUITE 3500

LOS ANGELES, CA 90013-1024

01/27/2005 HDEMSSE 00000043 031952 10044757

01 FC:1501 1400.00 DA

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Beverly S. Carter

(Depositor's name)

Beverly S. Carter

(Signature)

January 18, 2005

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/044,757	01/10/2002	Tomonori Ichikawa	393032030100	8371

TITLE OF INVENTION: STEPLESS MUSIC RACK AND MUSICAL INSTRUMENT EQUIPPED WITH THE SAME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370 1400	\$300	\$1670 \$1700	02/04/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
LOCKETT, KIMBERLY R	2837	084-180000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Yamaha Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Hamamatsu-shi, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:--

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 03-1952 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*David L. Fehman*Date January 18, 2005Typed or printed name David L. FehmanRegistration No. 28,600

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